



EXPLORING THE RELATIONSHIP BETWEEN BIPOLAR DISORDER AND VIOLENT TENDENCIES AMONG YOUTH IN THE UNITED STATES.

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ABSTRACT

The correlation between bipolar disorder and violent tendencies among youth in the United States has been deliberated upon in this paper. Nearly 2.8% of adults dwelling in America presently suffer from bipolar disorder. The hypothesis states that individuals diagnosed with bipolar have higher chances of presenting violent conduct than their non-afflicted counterparts do. The study takes an intricate approach to explore this relationship's multifarious nature by considering factors such as comorbid psychiatric conditions, substance abuse complications as well as a history marked by childhood maltreatment or trauma instances - all feeding into aggressive behaviour outcomes among those suffering from BD (bipolar disorder). In addition to highlighting these issues' plight strategies focusing on prevention measures while rendering constructive treatment methodologies like psychotherapy (cognitive behavioural) are also discussed at length within the ambit of behaviour interventions and pharmacotherapy angles being examined too. Ultimately the paper aims to explicate the correlation between BD and violence in youth and provide insights that can bolster their quality of life.

KEYWORDS: Bipolar Disorder, Violent Tendencies, Youth, Substance Abuse, Comorbid Psychiatric Conditions, Childhood Trauma, Prevention, Treatment, Pharmacotherapy, psychotherapy, Cognitive-Behavioural Therapy, Behavioural Interventions.

INTRODUCTION

Bipolar disorder is a psychological disorder characterised by cycles of depression and mania. Bipolar disorder affects approximately 2.8% of the adult population in the United States, according to the National Institute of Mental Health, and is frequently diagnosed in the latter stages of adolescence or early twenties (National Institute of Mental Health, 2021). In the United States, there is rising concern regarding the link between bipolar illness and violent tendencies among youngsters. The purpose of this research is to investigate the extent to which bipolar illness contributes to aggressive inclinations among young people in the United States.

Hypothesis: There is a substantial link between bipolar disorder and violent inclinations among adolescents in the United States, and those with BD are more likely to engage in aggressive activity than those without the disorder.

Bipolar Disorder

Manic-depressive disease, more commonly referred to as Bipolar Disorder (henceforth, BD), is a mental health condition that affects an individual's state of mind, energy, level of activity, and capacity to function. Bipolar disorder patients have alternating episodes of depression and mania or hypomania. Individuals can encounter emotions of despair, desolation, and worthlessness during the depressed period, as well as changes in eating and sleep patterns. Individuals may experience exhilaration, heightened activity levels, decreased desire for sleep, and impulsivity during the manic phase (National Institute of Mental Health, 2021).

Violent Tendencies & Bipolar Disorder

In the United States, there is rising concern regarding the correlation between bipolar illness and aggressive inclinations among adolescents. While not all individuals with bipolar disease are violent, there is substantial evidence that the risk of violent conduct is higher among individuals with bipolar disorder than in the general population. According to Swanson et al. (2006), individuals who suffer from bipolar disorder are far more inclined to commit violent actions than individuals who are not suffering from bipolar disease.

It is crucial to emphasise, however, that the association between bipolar disorders and violent tendencies is complicated and nuanced. Substance abuse, comorbid mental illnesses, and a history of childhood trauma or abuse are all variables that have the potential to lead to aggressive behaviour in individuals with bipolar disorder (Swanson et al., 2006).

Substance Abuse & Bipolar Disorder

Substance abuse is a complex topic that could result in serious repercussions for those who have bipolar illness. A dual diagnosis or co-occurring condition is the co-existence of bipolar illness and drug misuse. Numerous studies have found a substantial link between substance addiction and aggressive behaviour in people with bipolar illness, emphasising the need of recognising and resolving this connection.

Ghaemi et al. (2004) conducted a study that stipulated light on the increased risk

of aggressive behaviour among people with bipolar illness who abuse drugs or alcohol. According to this study, drug usage can exacerbate the symptoms of bipolar illness, leading to increased irritability, impulsivity, and violence. When drug misuse and bipolar disease coexist, the risk of engaging in aggressive behaviour increases.

Substance addiction affects people with bipolar illness in a variety of ways. For instance, drugs and alcohol can directly impair the efficiency of bipolar disorder treatments. These compounds may have unfavourable interactions with mood stabilisers or other psychiatric treatments, reducing their therapeutic efficacy. As a result, the person's capacity to control their symptoms and maintain stability is jeopardised, perhaps leading to greater mood swings and impulsivity.

Furthermore, drug usage can disturb the regularity of daily routines and sleep patterns, which are essential for people with bipolar illness to properly manage their condition. Irregular sleep patterns and poor sleep quality can precipitate manic or depressed episodes, aggravating bipolar disorder symptoms and raising the risk of aggressive behaviour.

Substance misuse and bipolar illness have a two-way link. While substance misuse can aggravate bipolar symptoms and increase the chance of aggressive behaviour, people with bipolar illness may use drugs or alcohol to self-medicate. They may turn to drugs to help them cope with the uncomfortable symptoms of their disease, such as sadness, anxiety, or sleeplessness. However, when drug addiction destabilises their mood and mental well-being, this self-medication method is ultimately counterproductive.

Substance misuse and aggressive behaviour have serious and far-reaching implications for people with bipolar illness. They not only have an impact on an individual's personal and social life, but they also add to the total strain on healthcare institutions and society. It is critical for healthcare practitioners to recognise and manage the co-occurrence of drug addiction and bipolar illness by using integrated treatment techniques that address both disorders at the same time.

Comorbid Psychiatric Conditions & Bipolar Disorder

Comorbid mental illnesses typically coexist with bipolar disorder and can have a substantial influence on the illness's course and care. As previously indicated, illnesses such as antisocial personality disorder, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), and borderline personality disorder frequently coexist with bipolar disorder. These comorbidities can raise the likelihood of aggressive behaviour in people with bipolar illness, confounding their clinical picture.

Swanson et al. (2006) conducted research that shed insight on the relationship between comorbid mental illnesses and violence in people with bipolar disorder. Individuals with bipolar illness who also have comorbid mental problems, notably antisocial personality disorder and drug use disorders, are at a greater risk of demonstrating aggressive behaviour, according to the research. These additional diseases may enhance impulsivity, aggressiveness, and other symptoms of bipolar illness, leading to an increased proclivity for violence.

Individuals with bipolar illness who engage in aggressive behaviour are more likely to have an antisocial personality disorder, which is characterised by a disrespect for the rights of others, impulsivity, and a lack of empathy. When these two diseases coexist, it can result in impulsive and risky behaviour, a disdain for social norms and consequences, and an increased likelihood of confrontation with others. Because the existence of antisocial features might increase the likelihood of violence, it is critical to address both bipolar illness and antisocial personality disorder in therapeutic approaches.

Anxiety disorders such as generalised anxiety disorder, panic disorder, and social anxiety disorder typically coexist with bipolar illness. Anxiety symptoms can lead to increased agitation and irritability in people with bipolar illness, thereby raising the likelihood of violent outbursts. Anxiety disorders can also increase the total burden of suffering and disability, making it critical to address anxiety symptoms as part of a complete therapeutic approach for those who have comorbid bipolar illness.

Another prevalent comorbidity among people with bipolar illness is ADHD, a neurodevelopmental condition characterised by inattention, hyperactivity, and impulsivity. Individuals with bipolar illness who have ADHD symptoms may struggle with impulse control, emotional management, and attention, raising the likelihood of impulsive and even aggressive behaviour. To address these overlapping symptoms and reduce the risk of aggressive behaviour, it is critical to managing both bipolar illness and ADHD using suitable treatment options.

Additionally, Borderline Personality Disorder (BPD) is frequently observed in individuals with bipolar disorder. BPD is characterised by unstable mood, self-image, and relationships, as well as impulsive behaviours. The combination of bipolar disorder and BPD can lead to intensified emotional dysregulation, impulsivity, and an increased risk of self-harm or interpersonal violence.

Childhood Trauma & Bipolar Disorder

Childhood trauma and abuse have deep consequences on people, and when paired with bipolar disease, they can have a considerable influence on a person's mental health and behaviour. McCloskey et al. (2015) conducted a study that offers insight into the relationship between childhood trauma and aggressive behaviour in people with bipolar illness.

Childhood trauma can take many forms, including physical, sexual, or emotional abuse, neglect, or witnessing family violence. Such events can have long-term consequences on an individual's emotional and psychological well-being. According to McCloskey et al. (2015), persons with bipolar illness who have a history of childhood trauma or abuse are more likely to engage in violent behaviour than those who have not had such experiences.

Childhood trauma can lead to the development of maladaptive coping strategies and interpersonal problems that can last into adulthood. Trauma can interfere with the development of good emotional regulation abilities and decrease one's capacity to properly cope with pressures. As a result, individuals may resort to aggressive, impulsive, or violent behaviours as a way of expressing or defending themselves from emotional suffering.

Childhood trauma could additionally complicate symptom presentation and raise the likelihood of aggressive behaviour in people with bipolar illness. Mood fluctuations, impulsivity, and emotional dysregulation are all symptoms of bipolar disorder. When these symptoms are paired with the impacts of childhood trauma, they might become exacerbated, increasing the chance of violent outbursts.

Childhood trauma can also have a role in the development of comorbid mental diseases such as Post-traumatic Stress Disorder (PTSD), Borderline Personality Disorder, or drug use disorders. These disorders increase the risk of aggression and complicate bipolar disorder management. Individuals who have experienced childhood trauma may struggle to build healthy relationships, manage disputes, and cope with triggers associated with their traumatic experiences, all of which can lead to an increased risk of violence.

Prevention & Treatment of Violent Behaviour among Individuals with Bipolar Disorder

Preventing and treating violent behaviour in people with bipolar illness necessitates a multifaceted strategy that tackles the underlying causes of violence while also promoting symptom management and emotional regulation. Pharmacotherapy, psychotherapy, and behavioural therapies can help with this. Here's a more in-depth look at these approaches:

1. **Pharmacotherapy:** Pharmacotherapy is critical in the treatment of bipolar illness and can help lower the risk of aggressive behaviour indirectly. Mood stabilisers, antipsychotics, and antidepressants are frequent medications recommended for bipolar disorder. These drugs can help to reduce violent tendencies by stabilising mood, lowering manic or depressive episodes, and relieving symptoms associated with the illness (Ghaemi et al., 2004). To control mood swings and impulsive behaviour, mood stabilisers such as lithium, valproate, and carbamazepine are routinely used. Antipsychotic medications can aid in the management of psy-

chotic symptoms that may lead to violent behaviour. Antidepressants should be taken with caution since they can sometimes cause manic episodes in people with bipolar illness. Individuals must collaborate closely with their healthcare professionals to identify the most effective drug regimen adapted to their personal requirements.

2. **Psychotherapy:** Psychotherapy, specifically Cognitive-behavioural Treatment (CBT), has been proven to be useful in avoiding and treating violent behaviour in bipolar illness patients (Swanson et al., 2006). CBT assists people in identifying and changing dysfunctional thoughts, beliefs, and behaviours that lead to aggressiveness. Individuals learn to recognise triggers for violent behaviour, establish appropriate coping mechanisms, and enhance their communication skills throughout CBT sessions. They also acquire insight into their thought patterns and skills for challenging negative ideas and promoting more positive and adaptive reactions to situations. CBT can greatly lower the likelihood of aggressive behaviour in people with bipolar illness by treating cognitive distortions and improving emotional control abilities.

Other types of psychotherapy, such as Dialectical Behaviour Therapy (DBT) and interpersonal therapy (IPT), may be helpful in addressing the emotional dysregulation and relational issues that are frequently linked with bipolar illness. These therapies concentrate on increasing emotion regulation abilities, interpersonal interactions, and the development of healthy coping mechanisms, all of which lead to a decrease in violent behaviours.

Behavioural Interventions: Behavioural therapies are an essential part of preventing and treating aggressive conduct in bipolar illness patients. These programmes try to educate people on how to regulate their anger, reduce stress, and enhance their social connections. Anger management programmes teach people how to recognise and control anger triggers, create healthy coping mechanisms, and communicate assertively rather than using aggressiveness. Relaxation exercises, mindfulness, and stress management training, for example, can assist individuals to cope with pressures and prevent them from developing into violent behaviours.

Another behavioural intervention that might help people with bipolar illness is social skills training. This treatment focuses on developing interpersonal skills, resolving conflicts, and communicating effectively. Social skills training can minimise the likelihood of violent behaviour and enhance overall social functioning by improving social competence and giving individuals alternate means of expressing their emotions (McCloskey et al., 2015).

In order to prevent and treat violent behaviour in people with bipolar illness, it is critical to use a mix of medication, psychotherapy, and behavioural therapies that are customised to the individual's requirements. A collaborative strategy combining healthcare practitioners, therapists, and support networks can provide comprehensive care and help patients manage their symptoms, improve emotional regulation, and promote a better, nonviolent lifestyle.

CONCLUSION

To conclude, bipolar disorder is a complicated mental illness that affects a large proportion of the population. While not all people with bipolar illness are violent, there is evidence that the risk of aggressiveness is higher in this population than in the general population. It is crucial to emphasise, however, that the association between bipolar illness and violent inclinations is complex and impacted by a variety of circumstances, including comorbid diseases, drug misuse, and a history of childhood trauma or abuse.

Addressing and avoiding violent behaviour in people with bipolar illness necessitates a multifaceted and individualised strategy. Pharmacotherapy, which includes mood stabilisers, antipsychotics, and antidepressants, is essential in treating symptoms and lowering the severity of mood episodes associated with bipolar disorder. These drugs can indirectly reduce the chance of violent behaviour by managing mood swings, impulsivity, and psychotic symptoms.

Psychotherapy, particularly Cognitive-behavioural Therapy (CBT), is an effective treatment option for avoiding and treating aggressive behaviour in bipolar illness patients. CBT assists individuals in identifying aggressive triggers, challenging erroneous thinking, developing coping mechanisms, and improving communication skills. CBT helps individuals to control their emotions more successfully and reduces the chance of participating in violent behaviours by addressing maladaptive beliefs and encouraging emotional regulation.

Furthermore, behavioural treatments are important in avoiding and treating aggressive behaviour in people with bipolar illness. Anger management programmes, stress reduction tactics, and social skills training equip people with the abilities they need to control their emotions, cope with stress, and enhance interpersonal interactions. These methods emphasise increasing self-awareness, training adaptive coping skills, and encouraging nonviolent emotional expression.

In order to prevent and treat violent behaviour in people with bipolar illness, it is critical to use a mix of medication, psychotherapy, and behavioural therapies that are customised to the particular requirements of each individual. In order to pro-

vide complete treatment and assistance, healthcare professionals, therapists, and support networks must work together. The risk of violent behaviour in people with bipolar disease can be reduced, their general quality of life enhanced, and a safer and more compassionate society can be built by applying these techniques.

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